•	V I COL ON DIDON
	ARIZONA STATE BOARD OF HEALTH
_	District of BUREAU OF VITAL STATISTICS State Index No
Ė	Town of Man ORIGINAL CERTIFICATE OF BIRTH County Registrar No.
ž	or Local Registrar No.
2	City of No. St. Ward  (If birth occurred in a hospital or institution, give its NAME instead of street and number)
3	C ( A A A A A A A A A A A A A A A A A A
3	2. Full name of child Cherchen Coche supplemental report, as directed.
5	3. Sex of Child  To be answered ONLY in event of plural births.  To be answered ONLY of birth for other for other of birth for other for
· :	
;	8. FATHER Full name 1 10 1 10 10 10 10 10 10 10 10 10 10 10
•	- masin less frage
red.	9. Residence (Usual place of abode) (Usual place of abode) (Usual place of abode)
축	If nonresident, give place and state
, <del>5</del>	10. Color or race
l d	11. Age at last birthday 32 (Years) hay 17. Age at last birthday 2 9 (Years)
<u> </u>	
. 1	12. Birthplace (city or place) (Mucha a 18. Birthplace (city or place)
르	(State or country) (State or country)
	13. Occupation 19. Occupation
	Nature of industry Wille Wife
	20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against oph- tholmia neonatorum?
	(Taken as of time of birth of child herein (b) Born alive but now dead. 1 thalmin neonatorum?
	CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE.
	I hereby certify that I attended the birth of this child, who was flow of stillborn.)
	midwife, then the father, householder, etc., Signature
	(is one that neither breathes nor shows other
	Given name added from
	1 supplemental report Filed , 19 Local Registrar.
	739, -130-192 Filed 19
	Registrar. County Registrar.